

## WHAT A NURSE SHOULD BE TAUGHT \*

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To attempt to cover the ground of what a nurse should be taught in a ten-minute paper would be impossible, so that a few points indicating the needs of a nurse and the reason for such needs is all that can be done.

The demands upon the nurse of to-day are so many and so varied that the training of twelve years ago fitting her for private duty, which was practically the only field open to her, is not sufficient now.

So many new avenues are developing, so many calls of a most unexpected nature have come, that the knowledge of how to make a bed, to take temperature, pulse and respiration and note results are mere rudiments of the training the nurse must have to-day. Not only must she be fully trained to care for patients who are doing well in typical cases of illness, but she must know the danger and complications likely to arise and be able to guard against them, and report the earliest symptoms of such changes, and should emergencies arise be able to do the right thing, at the right time, till the doctor arrives.

Over and over again has the nurse been criticised for inability to report a change in her patient's condition, generally attributed, perhaps correctly, to her lack of training, but more likely conditions were such that only a nurse with long practice in careful observation of similar cases would have been able to recognize the change; and yet with such responsibility on her shoulders the cry goes forth that we are overtraining our nurses, because we feel they should have a more thorough knowledge of nursing special diseases which can only be obtained by experience and observation, each of which is gained only with time and opportunity.

Doctors of to-day are depending more and more upon nurses. Those in the city are so rushed that often a serious case of illness must be left in the nurse's care while the doctor makes other visits and also for long hours during the night watches. If this is true of the city doctor and the city nurse, how much more true is it of the country where long stretches of miles, perhaps, lie between the homes of the patients, and the telephone and telegraph are too far away to be of any help.

\* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, May, 1908.

In the hospitals, what superintendent does not sigh when she compares the methods and demands of twelve or fifteen years ago with those of to-day. Since it has been demonstrated that young women of excellent, more often superior, attainments and character are willing to take up training as nurses and join themselves unsparingly to the care of those sick in hospitals, these institutions have sprung up like mushrooms all over the land and now the demand for nurses far exceeds the supply. But no intelligent young woman will venture forth to merely make beds, give a dose of medicine and note same. She is neither sentimental nor mechanical, our young woman of to-day, she is sensible, intelligent and observant, she is making a business of her chosen field of labor and she will go where she can get the best training for that field, and her physician and patient will receive the benefit of her skill.

What then should be taught?

1. Hygiene and Sanitation.—This subject should be made a personal one to our pupils while they are learning to apply its principles to the surroundings of their patient.

2. Anatomy and Physiology.—How can a nurse care properly for broken limbs, how can she change such a patient's clothing and bed linen unless she knows how to avoid strain upon the seat of injury? A busy doctor scarcely expects to tell a nurse how to handle a patient with a fracture of the neck of a femur or with broken limbs. To know that is part of her training. Massage is also demanded of the majority of nurses and this calls for a special knowledge of the subjects of anatomy and physiology.

3. *Materia Medica*.—No doctor expects to watch the effect of the medicine he orders, unless in very special cases. The nurse must give it and know that she is giving the right dose and know what effects to expect, and report to her doctor. A young man, the idol of his mother's heart, was sleeping under the influence of morphine, after a period of extreme agony. The mother remarked, "What a relief it is to see him sleeping so quietly and breathing so comfortably after what he has gone through," but the nurse had quietly sent this message to the doctor: "The patient is sleeping heavily; respirations 16, and falling lower." She needed her knowledge then.

4. Bacteriology.—What surgeon of to-day would allow a nurse inside of an operating room who had no knowledge of sterilization or antiseptics. What physician would employ such an one when he knows that her ignorance would probably permit her to present herself for an obstetrical patient when she had just left one with diphtheria or scarlet fever?

5. Dietetics.—This must cover the chemistry of foods as well as the

special foods for special diseases and the preservation of food. The nurse must be able to give directions for caring for food as well as preparing it. How many baby lives would be sacrificed did not our nurses understand the care of their food?

6. *Massage*.—This is absolutely necessary for bed-sore prevention, for surgical cases after removal of splints, etc.

7. *Practical nursing by lecture and demonstration*, and this subject seems endless. Over and over again have schedules been prepared to cover this ground, only to find that an important point had been overlooked. Lack of time, of teachers, and of opportunity would leave some senior nurse or graduate helpless in an emergency. A doctor may find some special treatment in some European hospital beneficial to a certain class of diseases. He comes home and the superintendent is consulted in regard to establishing it in his wards for his patients, and so we find numerous specialties introduced in various wards by different doctors for special diseases, the number only limited by the capacity and finances of the hospital. The nurses must be trained to do the work, or the school is failing in its curriculum. It takes two full years to teach the general practical nursing of medicine, surgery, obstetrics, gynecology and children's diseases, without touching specialties or contagion. Allowing five months for night duty—a month in each of the above sections—this leaves nineteen months, three months in each section, and only four months as a margin for food studies and practice, emergency work and the operating room.

When the nurse goes to private practice she naturally expects to work for the doctor under whom she has trained, and he surely will introduce some of his specialties into the private homes of his patients and the nurse must be sufficiently familiar with the methods employed, results expected, to improvise apparatus if necessary.

So far we have mentioned only one field, private nursing; our pupil has had no training for supervising nurse, for teacher, for superintendent. Nurses are demanded in the army; in the navy; as sanitary inspectors; as district nurses; school nurses; in philanthropic work; in the missionary field, and, in fact, wherever a community of people are gathered, there the nurse is in demand.

The nurse's education cannot be fully outlined, all we can do is give her a solid foundation to begin on, in general principles of nursing, teach her what normal conditions are so that she may readily detect any departure from them, and develop her judgment and self-reliance so that should she meet a special condition where this education is not sufficient she will know when and where to turn to gain the required help.

Practical nursing has been placed seventh on the list, as the other subjects should be taught as far as possible before the nurse handles sick people.

This paper should close here but a word must be added for the pupils in training. The training is very hard, the life is a self-sacrificing one at its best. It is devoid of pleasures except those to be grasped at the moment. What nurse, for instance, can make an engagement for two weeks ahead? The subject of the nurse's hours in the practical work of the wards should receive the most earnest consideration and the view from the pupil's standpoint given some greater prominence than it has had in the past.

We are through, and know what it all means. We know many things were unnecessarily hard. There are still enough discouragements to meet those in training at the best but we know present conditions might be improved and should be. So let us turn our efforts to this end.

If preparatory work in training for teaching, for superintendents and for special fields could be given outside of the hospitals and only the practical part kept for the hospitals it would relieve much of the strain on the training schools of to-day and on the pupils in them. One or two colleges have taken up the preparatory work, and Columbia has a training school for teachers, but so far the majority of schools are bearing the burden of the complete training, with varying results.

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## HELPS TO SUCCESS IN PRIVATE DUTY

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I WRITE with the hope that these few lines will be a help to some of my fellow-nurses just ready to start out on the uneven path of private nursing.

I know of nurses who, with or without reason, will refuse call after call, just because it does not happen to suit their personal taste. One does not want to nurse among the wealthy, because she feels slighted at times. Another objects to nursing among the poor because it is too hard work. Of course everyone is free to choose her work, but I wonder whether any doctor or anybody in charge of a nurses' register will keep on calling a nurse, who is always ready with an excuse, instead of cheerfully responding to the call.

I have heard these same nurses speaking about luck,—good or bad. It rests with ourselves to make or mar. Luck certainly does not come